

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/593985

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3		2	1			
4	1		1			
5	1		1			
6		1	1			
7		2	1			
8		1	1			
9		1	1			
10		1	1			
11		1	1			
12		1	1			
13		1	1			
14		1	1			
15		1	1			
16		1	1			
17		1	1			
18		1	1			
19		1	1			
20		1	1			
21		1	1			
22		1	1			
23		1	1			
24		1	1			
25		1	1			
26		1	1			
27		1	1			
28	1		1			
29		1	1			
30		1	1			
31		1	1			
32		1	1			
33		1	1			
34		1	1			
35		1	1			
36		1	1			
37		1	1			
38		1	1			
39		1	1			
40		1	1			
41		1	1			
42		1	1			
43		1	1			
44		1	1			
45			1			
46			1			
47			1			
48				1		
49				1		
50				1		
TOTAL IND.	3					
TOTAL DEP.	43					
TOTAL CLAIMS	46					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64		1				
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87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	3					
TOTAL DEP.	17					
TOTAL CLAIMS	20					